

COVID-19 And Nepal: A Gender Perspective

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The ongoing Corona Virus Disease 19 (COVID-19) pandemic is in its height, the measures taken to control the spread of this pandemic is acute and harsh. With the increasing new cases every hour it has caused a panic among every individual. Economy of the countries are equally affected. However, the direct and indirect impact of this pandemic on gender related needs are least prioritized and discussed.

Evidences so far reveal the mortality being proportionately higher in males.[1,2] This fact may not remain the same in Nepalese context because women are more vulnerable in this low-income country where limited resources are allotted to women's health. Majority of the workforce at frontline health care are women in the form of nurses, midwives and female community health volunteers (FCHV). Government of Nepal has decided to mobilize FCHVs for COVID-19 response in the community and these FCHVs who provide services at ground levels are at occupational risk of acquiring the infection. Other service staffs like cleaners and laundry workers, more of whom are women, are also at greater risk of exposure. Globally 70% of health work force comprises of women[3] and without proper training and appropriate protective equipment, they are likely to suffer and the containment of this

pandemic will be of great challenge. The shortage of standard personal protective equipment (PPE); the temporary PPEs made from plastic, raincoats and other materials; and ill-fitting sizes are likely to result in yet another catastrophe.

Women share the major hemisphere of informal or part time job as house maids, care takers, laborers and daily wage workers. They are likely to be underpaid and displaced from work during COVID-19 pandemic. The situation would worsen when women are bread winners for the family. With frail financial condition the needs of the family especially nutritional requirement of children and the health care expenses for the family member with chronic diseases will be compromised.

In the domestic front, Nepalese women are more susceptible to COVID-19 infection. Many migrant workers have returned home from foreign countries. Some of them have bypassed facility-based quarantine and have not followed strict home quarantine measures. The potential risk of infecting their family, especially their wives seems inevitable. Meanwhile, return of the male spouse has increased the demand of contraceptives. With every resource diverted to control the pandemic, availability and access to modern contraceptive method is a matter of concern. The averted health care system leads to increased morbidity and mortality related to maternal health, sexually transmitted infections, unwanted pregnancies and abortions. It is estimated that 61% of maternal deaths worldwide occur in fragile states, many of which are affected by conflict and recurring natural disasters.[4] During this pandemic, health care facilities have suspended non-emergency services. Contraception and abortion have been kept under essential services however, access to these facilities are difficult during the lockdown and travel ban. Women have not been able to exercise their reproductive rights fully. To add to these problems, domestic violence and other forms of gender-based violence (GBV) are on the rise [5] as people

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across the country are under lockdown during the coronavirus outbreak. Mental distress does not show immediate impacts but in the long run has severe consequences.

The gender and health inequalities are driven to its height during pandemics. A gendered human right analysis during Ebola and Zika outbreak revealed “*An effective global response to public health emergencies must engage with the rights and needs of affected women*”.[6] In the present context of COVID-19 pandemic, continued access to safe reproductive health services, expansion of mitigation measures to contain GBV and safety of frontline health care workers should be taken into consideration in Nepalese scenario.

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